

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Stanten C. Spear et al.**  
TITLE: **DEFLECTABLE MEDICAL THERAPY DELIVERY DEVICE HAVING COMMON LUMEN PROFILE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 323 972 047 US, on this 5<sup>th</sup> day of September, 2003.

MOLLY CHLEBECK

Printed Name

Molly Chlebeck  
Signature

MAIL STOP PATENT APPLICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

**X Patent Application Transmittal**

**X Specification:**

**Total pages:** 28 (including claims and abstract: Spec. 18 sheets; Claims 9 sheets; Abstract 1

**X Drawings:**

Total sheets: 15

☐ formal ☒ informal

☒ **Combined Declaration and Power of Attorney:**

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**X Accompanying application parts:**

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

**X** Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application

☐ Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, now allowed.--

☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_\_\_\_

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.


X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
No. 27,581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	43	20 =	13	x 18	\$234.00
Independent Claims	3	3 =	0	x 84	\$0.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$750.00
				TOTAL	\$984.00

X Charge Deposit Account No. 13-2546 in the amount of **\$984.00** (\$234.00 for the extra claims fee and \$750.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

September 5, 2003  
Date

  
\_\_\_\_\_  
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